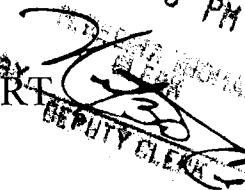


B 2100A (Form 2100A) (12/15)

FILED IN CLERK'S OFFICE  
U.S. BANKRUPTCY COURT  
NORTHERN DISTRICT  
OF GEORGIA  
2021 JUL 6 PM 3:20



## UNITED STATES BANKRUPTCY COURT

Northern District of Georgia

In re PICO Atlanta, Inc.,

Case No. 10-67440

### TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

Spring Solutions, LLC

Name of Transferee

Name and Address where notices to transferee should be sent:

PO Box 334  
Glen Burnie, MD 21060

Phone: 410.760.5841

Last Four Digits of Acct #: 5501

Name and Address where transferee payments should be sent (if different from above):

Phone: \_\_\_\_\_  
Last Four Digits of Acct #: \_\_\_\_\_

Connie Story

Name of Transferor

Court Claim # (if known): 45

Amount of Claim: \$2,493.39

Date Claim Filed: 07/02/2010

Phone: 404-538-2933

Last Four Digits of Acct #: \_\_\_\_\_

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: Mayur Bhatia  
Transferee/Transferee's Agent

Date: 6/16/2021

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.*

Case 10-67440-jwc Claim 45-1 Filed 07/02/10 Desc Main Document Page 1 of 7  
**62066680020261**

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B10 (Official Form 10) (04/10)

FILED

UNITED STATES BANKRUPTCY COURT Northern District of Georgia IN CLERK'S OFFICE		PROOF OF CLAIM
Name of Debtor: PICO Atlanta, Inc.		U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA Case Number: 10-67440 crm
<p><b>NOTE:</b> This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>		
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property):  <b>Connie S. Story</b></p> <p>Name and address where notices should be sent:  <b>Connie S. Story 2839 Old Norcross Rd. Tucker, GA 30084-2716</b></p> <p>Telephone number:</p>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. <p>Court Claim Number: _____  <i>(If known)</i></p> <p>DEPUTY CLERK</p> <p>Filed on: _____</p>
<p>Name and address where payment should be sent (if different from above):  <b>Connie S. Story P.O. Box 931054 Norcross, GA 30003-1054</b></p> <p>Telephone number:</p>		<input type="checkbox"/> Check this box if you are an attorney filing on behalf of your client. Your client has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
<p>1. Amount of Claim as of Date Case Filed: <b>\$ 2493.39</b></p> <p>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.</p> <p>If all or part of your claim is entitled to priority, complete item 5.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.</p> <p>2. Basis for Claim: <b>ACCURED VACATION</b>  <i>(See instruction #2 on reverse side.)</i></p> <p>3. Last four digits of any number by which creditor identifies debtor: <b>52012</b></p> <p>3a. Debtor may have scheduled account as: _____  <i>(See instruction #3a on reverse side.)</i></p> <p>4. Secured Claim (See instruction #4 on reverse side.)  Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> <p>Nature of property or right of interest: <input type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle    <input type="checkbox"/> Other  <i>Describer:</i></p> <p>Value of Property: \$ _____ Annual Interest Rate: %</p> <p>Amount of arrearage, and other charges as of the case filed included in secured claim, if any: \$ _____ Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____</p> <p>6. Creditor: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</p> <p>7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)</p> <p><b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b></p> <p>If the documents are not available, please explain: _____</p>		<p>Specify the priority of the claim.</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B):  <b>U.S.C. § 507(a)(1)(A) or (a)(1)(B):</b>  <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(__).</p> <p>Amount entitled to priority: <b>\$ 2493.39</b></p> <p>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>
Date: <b>6/25/10</b>	<p>Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p><b>Connie S. Story - AR Manager</b></p> <p>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3731.</p> <p>Ph: 678-608-1190</p>	<p>FOR COURT USE ONLY  DO NOT STAPLE OR FOLD CLAIM.  See www.gsb.uscourts.gov for information on filing claims electronically.</p>

Spring Solutions, LLC  
P.O. Box 334  
Glen Burnie, MD 21060



U.S. POSTAGE  
\$1.60  
FCM LG ENV  
21061 0000  
Date of sale  
06/16/21  
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CLEARED  
CLEARED  
JUL 5 2021  
U.S. Marshals Service  
U.S. Marshals Service  
Atlanta, GA

CLEARED  
JUL 2 2021  
U.S. Marshals Service  
Atlanta, GA

U.S. Bankruptcy Court  
ATTN: Clerk of Court  
1340 U.S. Courthouse  
75 Ted Turner Drive, SW  
Atlanta, GA 30303